EDITORIAL ARTICLES.

LANDERER'S DRY METHOD OF OPERATING.

In the past few years a large number of new antiseptic substances have been brought forward and tried, but none of them have proved of more value than the established solutions of carbolic acid and sublimate, so that more recently, the aim of surgeons has been rather to get on without antiseptic fluids, by endeavoring to prevent infection primarily, instead of combatting it secondarily; in other words by substituting aseptic for antiseptic surgery in fresh operative wounds.[1]

But, although the exclusive use of sterilized fluids and dressings is practicable in private hospitals, it is not so in consulting or country practice, on account of their being neither sufficiently portable nor reliable.

On the other hand, however, the reliable antiseptics such as carbolic acid, sublimate and iodoform, prove poisonous and deleterious to the patients even in small quantities, as has been recently shown by the microscopical investigations of Senger.[2]

To steer safely between these two dangers in operative surgical practice, Dr. Landerer, of Leipsic, has invented what he terms his dry method of operating, which forms the subject of a paper read before the late Congress of Surgeons in Berlin[3]—a method which is now put forward for the first time in print and scientifically supported, although practically, to the knowledge of the present writer, the method has occasionally been made use of in this country.

The method consists simply in not allowing a drop of fluid of any kind to come into contact with the wound during operation; irrigation is entirely dispensed with, and the use of wet articles for sponging is eschewed. We quote the following details from the author's paper:

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[1] Neuber; vd. ANNALS OF SURGERY, Vol., V. No. 1, p. 92.

[2] Vd. ANNALS OF SURGERY, Vol. IX, No. 6, p. 448.

[3] Eighteenth Congress of the German Surgical Society, April 24, 1889. *Langenbeck's Archives*, Vol. 39, H. 1.

The instruments are boiled and afterwards kept in weak carbolic solution. The hands are cleansed according to Fürbringer's directions,[1] only that instead of alcohol a one-in-two-thousand solution of sublimate in alcohol is used. The field of operation is similarly treated. As soon as the first incision is made no more fluid is permitted to come into contact with the wound. The wound is sponged with pieces of sublimated (absorbent) gauze, and all parts are kept tamponed with it, except the point where the surgeon is working.

Hæmorrhage is much lessened by this method; hardly any vessels in the muscles require ligation. As soon as the operation is finished, and the larger arteries are tied, the wound is to be kept tamponed for a few minutes with gauze; after which the wound presents absolutely dry surfaces, and is in excellent condition to unite primarily. Buried sutures are used to bring the deeper portions together; the skin is united by sutures. No drainage tubes are applied; but all the blood finally forced out of the wound by direct pressure. There is no secretion whatever, so that no care need be taken to evacuate it. Even cavities may be treated in this manner (as after castration) provided the walls can come together. The dressings are to be applied under moderate pressure of the bandage.

The advantages claimed for this method by the author are the following:

1. The patient does not get at all wet or chilled.
2. Hæmorrhage is minimized. In cases of amputation of the breast, where the axillary glands were removed, the towel placed beneath the shoulder was not even wet.
3. No antiseptic substances are absorbed, and therefore no intoxication is possible. (Sterilized gauze would be even safer to use).
4. The duration of operations is shortened, because there is not so much time spent in controlling hæmorrhage.

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[1] This author advised the use first of soap and water, then of alcohol, lastly of sublimate solution, each applied for one minute to the hands with a brush. Vide ANNALS OF SUTGERY, Vol. VII, p. 153, 1888.

5. Rapid and safe recovery. In the 90 cases of the author he never once observed a flush around the wound; the temperatures never once rose above 100.4°. There is no secretion from the wound so that only one change of dressing is necessary to remove the stitches. The patients are not prostrated even after larger operations, such as excision of the breast and axillary glands, and can be up and about as soon as the effects of the anæsthetic are past.

6. Great convenience of the method. Instead of big bottles, unreliable dishes and fluids, as are met with in country practice, well-packed gauze may be carried along in a small tin or glass vessel, thus simplifying matters greatly for the general practitioner.

7. The hands of the surgeons are not harmed or roughened, which is a great comfort.

The author reports 90 cases, mostly all major surgical operations, such as amputations, resections, laparotomies, extirpations of tumors, osteotomies, plastic operations on the nerves, etc. They were performed partly in his private hospital, partly in city and country practice, and partly in a crowded dispensary.

W. W. VAN ARSDALE.

STAFFEL ' ON THE SURGICAL TREATMENT OF INTESTINAL STRICTURE AND OCCLUSION.[1]

In an elaborate memoir of 60 pages, Dr. E. Staffel, of Chemnitz, discusses strictures and occlusions in the various portions of the intestinal canal, and their surgical treatment, taking as a basis his experience at the Deaconesses' Institute of Dresden in the years 1882 to 1888. This experience covered 55 cases divided into three categories, (1) Impacted foreign bodies in and impermeable strictures (cancerous or cicatricial) of the œsophagus; (2) Carcinomatous stenosis of the pylorus; (3) Stricture and occlusion in the remaining portions of the intestinal tract, dependent on various causes as doubling and twisting of gut-loops, cancer of the intestinal wall, etc.

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[1] Volkmann's Saml., *Klin. Vorträge*, 1889, No. 346.